

WOODLAWN UTILITY DISTRICT

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (we) hereby authorize Woodlawn Utility District, hereinafter called UTILITY, to initiate a debit/credit entry to my (our) ____Checking Account or ____Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. Draft due date is the **8th** of the month or the next business day.

Bank Name _____

Address of property this ACH is for _____

Bank Routing Number _____	Bank Account Number _____
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This authorization is to remain in full force and effect until UTILITY has received verbal or written notification. **Customer must give UTILITY a 15 day notice for changes or termination.**

Name(s) _____ WUD Acct. # _____
(Please Print) (Woodlawn Utility Account Number)

Phone Number (home) _____ Phone Number (work) _____

Date _____ Signature _____

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

PLEASE INCLUDE A VOIDED CHECK

